

Exhibit 2:

Supportive Housing Program (SHP)

Program Components

The Supportive Housing Program promotes the development of supportive housing and services that help homeless persons transition from homelessness to living as independently as possible. Each project submitted under SHP must be classified as one of the program components described below. In rare instances, a project may be classified as more than one of the program components.

Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. Supportive services—which help promote residential stability, increased skill level and/or income, and greater self-determination—may be provided by the organization managing the housing or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Permanent Housing for Persons with Disabilities is long-term housing for this population. Basically, it is community-based housing and supportive services as described above, designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Supportive Services Only projects provide services designed to address the special needs of the homeless persons. Projects are classified as this component **only** if the project sponsor **is not also providing or operating the housing for the same persons receiving the services**. Eligible activities for Supportive Services Only projects are acquisition, rehabilitation, leasing, and, of course, supportive services. (Applicants **cannot** request funds for new construction or operations.) Supportive services only projects may have one or more structures at a central site or at scattered sites where services are delivered; or services may be delivered independent of a structure, such as street outreach.

Safe Haven projects must meet the following criteria: (1) have **no** limit on length of stay; (2) serve hard to-reach homeless persons who have severe mental illness, are on the streets, and have been unable or unwilling to participate in supportive services; (3) provide 24-hour residence for an unspecified duration; (4) provide private or semiprivate accommodations; and (5) have overnight occupancy limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents, on a drop-in basis. **A Safe Haven project that has the characteristics of the SHP/Permanent Housing component and requires participants to execute a lease agreement may now be classified as permanent supportive housing.**

For many persons with mental illness who have been living on the streets, the transition to self-sufficiency is best made in stages, starting with a small, highly supportive environment where an individual can feel at ease, out of danger, and subject to no immediate service demands. Safe Havens do not require participation in services and referrals as a condition of occupancy. Rather, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services and referrals, and will eventually be ready to move to more traditional forms of housing. Safe Havens can serve as an entry point

to the service system and provide access to basic services such as food, clothing, bathing facilities, telephones, storage space, and mailing addresses.

Innovative Supportive Housing enables the applicant to design a supportive housing project for homeless persons that is outside the scope of the other SHP components. A project is innovative when the particular approach is new to the area and can be replicated in other communities. The project must be determined by HUD to be innovative or it will be rejected from the competition. The project must also be for eligible SHP activities.

Project Definition

Under SHP, a “project” may be either for supportive housing or for supportive services only. For a supportive housing project, one project sponsor provides housing in one or more structures and delivers services, or arranges with other organizations to deliver services, to the residents. For a Supportive Services Only project, one sponsor delivers services to homeless persons, but the sponsor *does not* provide housing to the same persons receiving the services. Supportive services can be delivered from a structure(s) or they can be delivered independent of a structure(s), such as street outreach. The following are examples of SHP projects:

Example 1: Project sponsor Serenity House will provide 10 units of permanent housing to homeless persons with serious mental illness. The project sponsor is requesting funding for rehabilitation, supportive services, and operations. The supportive services will be provided by the local day treatment center. This is one project and is classified under the permanent housing component.

Example 2: Project sponsor Greenville Nonprofit proposes to acquire, rehabilitate, and operate a transitional housing facility for homeless women and children. Services will be coordinated by Greenville Nonprofit but delivered by a local charitable organization and a health clinic. This is one project and is classified under the transitional housing component.

Example 3: Project sponsor Health Care, Inc., currently owns a van from which it does outreach and provides health care services to homeless persons and families on the streets and in emergency shelters. Health Care proposes to expand its service level to serve more people and to provide immunizations and help refer homeless persons to appropriate housing. The expansion is one project and is classified under the supportive services only (SSO) component. SHP funds may be requested for the expansion only; the project sponsor would continue to provide funding for the current activities from other sources.

Example 4: Project sponsor Second Chance is part of a CoC which has decided to implement a community-wide Homeless Management Information System (HMIS). The CoC has determined that Second Chance will propose an SSO project to implement and operate the HMIS. The project’s supportive service funds will be used to purchase HMIS software and computers and to pay the salary of HMIS staff. (See the “Question and Answer” supplement to the application for further information on funding for HMIS activities.)

SHP Guidance

Eligible and Ineligible Activities and Limitations. There are seven activities that can be funded under SHP. They are acquisition, rehabilitation, new construction, leasing, operating costs, supportive services and administrative costs. Beginning in 2001, the costs of implementing and operating Homeless Management Information Systems (HMIS) became eligible supportive services. See the “Questions and Answers” supplement to the application for additional discussion on this topic. Specific activities that are ***not eligible*** by law under the five program components include:

- Operating costs or new construction for supportive service only projects.
- Support for an existing project except as noted in section E of this exhibit and renewals.
- Support for permanent housing for nondisabled persons.
- Rehabilitation of a structure owned by a primarily religious organization, except in accordance with the requirements of 24 CFR 583.150(b)(2).
- New construction or rehabilitation of a structure prior to an executed grant agreement with HUD. Lack of an environmental clearance in such a case would necessitate withdrawal of HUD funds from the project.
- Acquisition and rehabilitation, or new construction that exceeds statutory funding limitations. (See section L of this exhibit for the specific limits.)
- Homeless prevention activities.

Match. SHP funds provided for acquisition, rehabilitation, and new construction must be matched by the recipient with an equal amount of funds from other sources. In addition, any applicant requesting SHP funds for operating costs for supportive housing must provide a cash contribution of at least 25 percent of the total operating costs. Any applicant requesting SHP funds for supportive service activities must provide a cash contribution of at least 20 percent of the total supportive service costs.

Relocation and Environmental Issues. SHP projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act and additional relocation requirements in Section 583.310 of the SHP regulations. In addition, the use of SHP funds for acquisition, rehabilitation, new construction and, in some cases, leasing triggers 24 CFR Part 58, Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities, for recipients who are private nonprofit organizations or public housing authorities. Projects are also subject to the Lead-Based Paint Poisoning Prevention Act and are, therefore, subject to 24 CFR Part 35. New Lead-Based Paint procedures are now in effect for the selectees in the Homeless Assistance Competition. Because these requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

Renewal Projects

The purpose of renewal funding is to provide operating, leasing and supportive services for previously approved grantees in order to ensure continued assistance to homeless persons. ***Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit an SF-424.***

A project may request one, two or three years of renewal funding if it previously received HUD McKinney-Vento Act funds under the Supportive Housing Program, including those previously renewed, **and** will expire during calendar year 2003. Since renewal projects may request renewal funds only for continuing a previously approved project at the ***same level of housing and/or services*** provided in the previous grant, renewal project budgets should be based upon the **average of the term activities of the previous grant award**. If a renewal project has been approved for supportive service funds, the project may include additional supportive services funding for HMIS activities as long as the renewal project budget level is not exceeded. Renewal projects proposing both to renew the existing project and expand the number of units or number of participants receiving services must submit a new project proposal for the expansion portion of the project.

If you are applying for an SHP project, whether new or renewal, complete sections A thru M, as applicable.

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to the items in Section A according to the following:

- **Renewal project applicants** - answer items 1, 2, 4(c), and 8 (if applicable), then skip to Section B.
- **New project applicants for TH, PH, Safe Havens, or Innovative components** - answer items 1-6, and 8 (if applicable).
- **New project applicants for the SSO component** - answer items 1, 2, 4, 5, 6 and 8 (if applicable).

The only exception is applicants for new SSO projects requesting only funds for

HMIS activities;

such applicants answer items 1, 7, and 8 (if applicable).

1. Project summary. Please provide the following:

- Applicant **and** sponsor names
- Program component
- Whether it is a new or renewal project
- Total SHP request
- Activities for which you are requesting funds
- The type of housing (e.g., apartments, group home) proposed, if applicable
- The population(s) to be served (N/A for new SSO projects requesting only funds for HMIS activities)
- Grant term of the proposed project

If you are requesting SHP funds for acquisition and/or rehabilitation of a structure(s), please attach a photograph of the structure(s).

2. Homeless population to be served. Briefly describe the following:

- Their characteristics and need for housing and supportive services.
- Where they will come from (e.g., streets, emergency shelters, or transitional housing for homeless persons who came from street/shelters).
- The outreach plan to bring them into the project.

3. Housing where participants will reside. For applicants requesting SHP funds for Transitional Housing, Permanent Housing for Persons with Disabilities, Safe Havens, or Innovative Supportive Housing components, demonstrate each of the following:

- How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
- That the basic COMMUNITY AMENITIES (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) will readily be accessible to your clients.
- That the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable laws.
- For transitional housing component only: the residents' length of stay.
- For permanent housing for persons with disabilities component where **more** than 16 persons will reside in a structure: describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.
- For innovative supportive housing component projects only: how the project represents an approach that is new to the area, is a sensible model for others, and can be replicated in other communities.

4. Supportive services the participants will receive. Demonstrate for each of the following:

- How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
- WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to participants to access those services.
- The details of your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, SCHIP, SSI, Food Stamps, Workforce Investment Act and Veterans Health Care programs.

5. Accessing permanent housing. Describe specifically how participants will be assisted **both** to OBTAIN **and** REMAIN in PERMANENT HOUSING.

6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to maximize their ability to LIVE INDEPENDENTLY.
7. **Homeless Management Information System.** Describe the following:
- How the CoC's homeless needs will be assessed, resources allocated and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
 - Demonstrate the level of participation in the proposed new or expanded HMIS project below:
New HMIS. Demonstrate that at least 50 percent of the beds (emergency, transitional and permanent housing) currently in place in the continuum will be included in a McKinney-Vento CoC-wide HMIS.
Expansion and/or update of existing HMIS. Describe the current level of participation in the HMIS of operating residential homeless assistance projects. List the names of additional projects which will participate in an expanded HMIS.
 - Name the lead agency designated to oversee the HMIS project.
 - Provide the timetable for implementing the new or expanded HMIS.
 - Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.
8. **Discharge Policy.** For State and local government applicants who submitted a Discharge Policy certification in their 2001 application, please describe any policies and protocols subsequently developed or implemented affecting the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may submit a single response for all projects for which you are the applicant. Be sure a copy is inserted in each project.)

Section B. Experience Narrative (To be completed by all applicants)

Section B is a description of the experience of all the organizations involved in carrying out the project. (Refer to section V(A)(1) of the NOFA for the Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably no more than three typed pages:

- For New Projects Only:**
 - The specific type and length of experience of *all organizations* involved in implementing the project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the project and experience working with homeless people.
 - If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.
- For Renewal Projects Only:**
 - Please describe any significant changes in the project since the last funding approval for this grant (e.g., new applicant or sponsor, management staff, etc.).
 - If you have been granted one or more extensions for your project, please describe:
 - the number of extensions granted;
 - the extension period (e.g., two months, one year); and
 - the reason(s) why the extension(s) was necessary.
 - If the renewal project is operating at less than full capacity, please explain why and how you are correcting the situation.
 - From your most recently submitted Annual Progress Report (APR), please provide a copy of your response to **Question 11** (Monthly Income at Entry and at Exit) and **Question 16** (Overall Program Goals). From the response to Question 11, HUD will be reviewing how many participants began receiving mainstream program benefits (e.g., SSI) while in the project. From the response to Question 16, HUD will be assessing the progress you have made in achieving your stated goals. You may choose to provide a brief (i.e., less than one page) narrative update and/or explanation to these APR responses. If your project's first APR is not due until after the application deadline, please provide a written response to the information requested in Questions 11 and 16, using available information about your project.

3. For All Applicants:

- a. List **all** HUD McKinney-Vento Act grants received by the applicant. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 1999	CA16B900-060	\$500,000	\$375,412

- b. Please explain any delays in implementing any of the grants listed in (3a) which exceed the SHP timeliness standards described in Section IV (E) of the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3a).

Section C. Project Information (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax):	

Section D. Program Component/Types

1. Please check one box: (please see Projects section of Qs & As before responding)

New Project (You must complete section E)

Renewal Project *[Note: You must be the identified grantee in the current grant agreement with HUD to be eligible to request renewal funding for the project.]*

Enter the HUD project number of the grant being renewed:

Enter other HUD grant numbers previously assigned to this project: _____

Grantee Name: _____

2. Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/types are:

Transitional Housing

Permanent Housing for Persons with Disabilities

Supportive Services Only

Safe Havens

Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 17

of Exhibit 2) and will require

agreement. participants to execute a lease

Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

Section E. Existing Facilities and/or Activities Serving Homeless

Persons

(To be completed for new projects only; renewal projects skip to section F.)

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?

Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)
No (Skip to section F.)
2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below. SHP cannot be used to fund ongoing activities. My project will:

Increase the number of homeless persons served.
Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
Bring existing facilities up to a level that meets State and local government health and safety standards.
Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or local government), which will cease on or before the end of the current calendar year. By law, no SHP funds may be used to replace State or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].
If this box is checked, you must fully describe the following in order to be eligible for funding:
 - a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
 - b. Why it is nonrenewable.
 - c. When it will cease.
 - d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Section F. Number of Beds, Participants, and Supportive Services

Section F is composed of three charts:

Chart 1 is for recording the number of beds/bedrooms in the project. Do not complete Chart 1 if the project is for supportive services only (SSO).

Chart 2 is for recording the number of participants to be served. Information on **all** projects should be entered in this section except for SSO projects requesting funding **only** for HMIS activities.

Chart 3 is for recording the supportive services proposed for your homeless clients including any Homeless Management Information System costs.

Complete Chart 1 and Chart 2 based on the following instructions.

1. In the **first column**, please enter the requested information for all items at a point in time (a given night). You should only fill out this column if you checked “Yes” in section E or you are proposing a renewal project. If you checked “No” in section E enter “N/A” in this column.
2. In the **second column**, enter the new number of beds and persons served at a point in time if this project is funded. If this is a renewal project, enter “N/A” in this column.
3. In the **third column**, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.
4. In the **fourth column**, enter the number of persons to be served over the grant term.

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected To Be Served Over the Grant Term
Number of Bedrooms*				
Number of beds*				

*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter “N/A” in the appropriate cells.

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children				
Of persons in families with children				
a. number of disabled				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals				
b. number of other individuals				

Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section F.

Chart 3: Supportive Services [FOR NEW PROJECTS ONLY].

Please complete Chart 3 on the following page for your new project's supportive services budget. If you need additional space for more services, you may reproduce this chart.

In the first column, the supportive service activity is given. You must enter the quantity for each supportive service that will be provided in your project (see example below). Any other eligible supportive service and quantity that will be paid for using SHP funding that is not listed on the chart may be added under "other service activity". For staff positions please include the job title and quantity (or FTE-full time equivalent); for supportive services (such as transportation services) please include the type (e.g., bus tokens) and quantity. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 6, Supportive Services, in your Project Budget in Section L.

In the second column, enter the amount of SHP funding requested (up to 3 years) for each eligible supportive service that will be provided in your project.

In the third column, enter the estimated number of persons that will be served at a point in time.

Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project sponsor and/or through an arrangement with public or private service providers, including the grantee. By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for at least 20% of the project's total supportive services budget annually.

SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see the SHP Rule at Section 583.120). Eligible supportive services include, but are not limited to: child care, employment assistance, outreach, outpatient health services, case management, food, housing placement assistance, life skills, and other services. Transportation associated with the delivery of supportive services (e.g., money for bus tokens to go to mental health counseling; the purchase of a van to transport homeless children to daycare) is also an eligible supportive service cost.

If a project sponsor's staff will deliver a service, only the staff time directly related to the delivery of that service to the project is eligible for SHP supportive services funding. For example, the project sponsor, ABC, Inc., will use 25% of its substance abuse counselor's time for recovery planning for residents of its transitional housing program. The remainder of the counselor's time will be spent counseling persons in another program. Using this example, only 25% of the counselor's salary may be paid for with SHP supportive service funds.

Example:

Supportive Service Costs	SHP Dollars Requested (up to 3 yrs.)	Est. No. of Persons Served (point in time)
Service Activity: Case Management Quantity: 2 FTE @ \$25,000 per year	\$100,000	60
Service Activity: Education—job training Quantity: 20 slots per year	\$ 50,000	40

Chart 3: Supportive Services – New Projects

Supportive Service Costs	SHP Dollars Requested (up to 3 yrs.)	Est. No. of Persons Served (point in time)
Service Activity: Outreach Quantity:		
Service Activity: Case Management Quantity:		
Service Activity: Life Skills (outside of case management) Quantity:		
Service Activity: Alcohol and Drug Abuse Services Quantity:		
Service Activity: Mental Health and Counseling Services Quantity:		
Service Activity: HIV/AIDS Services Quantity:		
Service Activity: Health Related and Home Health Services Quantity:		
Service Activity: Education and Instruction Quantity:		
Service Activity: Employment Services Quantity:		
Service Activity: Child Care Quantity:		
Service Activity: Transportation Quantity:		
Service Activity: Transitional Living Services Quantity:		
Other Service Activity: (please specify **) Quantity:		
Homeless Management Information System (HMIS):		
• Equipment		
• Software		
• HMIS Services		
• Personnel		
• Other		
• Subtotal HMIS Dollars Requested		
Total SHP Dollars Requested*		
Total Supportive Services Costs***		

* SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion of Section L.

If not specified, the costs will be removed from the budget. *The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget portion of Section L.

Section G. Operations Budget for New Projects

Complete the Chart on the following page for your new project's total operations budget. ***Please remember operating costs are ineligible for Supportive Services Only projects.***

In the first column, the operating cost activity is given. You must enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. Add any other eligible operating costs that will be paid for using SHP funding that is not listed on the chart. For staff positions, please include the job title, salary, % of time allocated for the position, and fringe benefits. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 7, Operations, in your Project Budget in Section L.

In the second column, enter the amount of SHP funding requested (up to 3 years) for each eligible operating cost that will be needed in your project.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. Examples of SHP operating costs include utilities, maintenance, security and salaries of staff not delivering services, such as the project manager or executive director, and indirect operating costs that meet the standards of OMB Circulars A-87 and A-122.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. As another example, in cases of shared utilities, SHP operating funds may pay only for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

SHP operating funds **may not** be used to pay for the following costs:

- a. Operating costs of a supportive services only facility;
- b. Administrative expenses such as audits and preparing HUD reports;
- c. Rent of space for supportive housing and/or supportive services (see Real Property Leasing);
- d. The payment of principal and interest on a loan for a facility currently being used as supportive housing and/or for the delivery of services; and
- e. Depreciation, because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project in Years 1, 2 and 3. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually.

Example:

Operating Costs	SHP Dollars Requested (up to 3 years)
Utilities	\$32,000
Maintenance Engineer (salary, % time, fringe benefits) \$40,000/annually .20 x .15 fringe benefits x 2 years = \$18,400	\$18,400

Chart: Operating Costs – [FOR NEW PROJECTS ONLY]

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

Operating Costs	SHP Dollars Requested (up to 3 years)
Maintenance, Repair	
Staff (position, salary, % of time, fringe benefits)	
Utilities	
Equipment (lease/buy)	
Supplies (quantity)	
Insurance	
Furnishing (quantity)	
Relocation (no. of persons)	
Food (perishable/non-perishable)	
Other operating costs (please specify**)	
Other operating costs (please specify**)	
Other operating costs (please specify**)	
Total SHP Dollars Requested *	
Total Operating Costs Budget***	

**Total SHP dollars requested must equal the amount shown in the “SHP Request” column, Line 7, of the Project Budget portion of Section L.*

***If not specified, the costs will be removed from the budget.*

****The total operating costs entered here must equal the amount shown in the “Total Budget” column, Line 7 of the Project Budget portion of Section L.*

Section H. Supportive Services for Renewal Projects

Please note that this is a new section for the application. It includes instructions and a chart to be completed for the renewal of supportive services for existing projects. The information will be used to replace a portion of the Technical Submission for projects that are selected in this year's competition.

Please complete the chart on the following page for the supportive services you plan to renew. If you need additional space for more services, you may reproduce the chart.

In the first column, fill in the supportive service expense. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation, please include the type (e.g., bus tokens) and quantity. An example is provided below. In the year 1 column, enter the amount needed to pay for the service in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term.

Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project sponsor and/or through an arrangement with public or private service providers, including the grantee.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for 20% of the project's supportive services budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. For Years 2 and 3, if applicable, a grantee needs only to certify that cash resources will also be provided. **Please note that the match requirement for Year 2 and Year 3 must be met by the end of each of those years.**

SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see the SHP Rule at Section 583.120 and the definitions in this exhibit).

If a project sponsor's staff will deliver a service, only the staff time directly related to the delivery of that service to the project is eligible for SHP supportive services funding. For example, the project sponsor, Harmony House, will use 25% of its substance abuse counselor's time for recovery planning for residents of its transitional housing program. The remainder of the counselor's time will be spent counseling persons in another program. Using this example, only 25% of the counselor's salary may be paid for with SHP supportive service funds.

EXAMPLE: (See Job Description on following page)

Supportive Service Expense	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
Service Category: Transportation Quantity: 1 - 15 Passenger Van @ \$36,000 Tags/Registration/Insurance @ \$560/annual x 3 years = \$1,680 Gasoline/Maintenance/Repair @ \$3,000/annual x 3 years = \$9,000 Supportive Services Van Driver .5 FTE	\$62,660	\$9,305	\$9,305	\$81,270

@ \$20,000/annual x 3 years = \$30,000 Staff Fringe/Benefits .5 FTE @ \$3,000/annual x 3 years = \$4,500 Bus Tokens for clients @ 100/annual @ \$.30 x 3 years = \$90.00				
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Please note that percentages are used during the application process to project the estimated staff time associated with an SHP grant position(s). Applicants are reminded that all staff salary payments must be based **on actual, incurred costs** that are supported by signed and dated timesheets.

Supportive Services Chart – Renewal Projects

Supportive Service Expense	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
1. Service Category: Quantity:				
2. Service Category: Quantity:				
3. Service Category: Quantity:				
4. Service Category: Quantity:				
5. Service Category: Quantity:				
6. Service Category: Quantity:				
7. Total Supportive Services Budget**				
8. SHP REQUEST*				
9. Selectee's Match (Line 7 minus Line 8)				

*The SHP request cannot be more than 80% of the total supportive services budget. The total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion of Section L.

**The total supportive services budget must equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget portion of Section L.

Job Descriptions

Attach to this section narrative statement(s) indicating the job title for each position of your renewal project to be funded using SHP supportive service funds. Briefly describe the job responsibilities as they relate to the SHP project for each position.

For Example:

Supportive Services Van Driver -- part-time position for 20 hours per week. Employee will be responsible for providing transportation for program participants to various sites associated with achieving self-sufficiency, e.g., education, employment, counseling, training, child care and medical appointments. The Van Driver will also be responsible for ensuring the vehicle's maintenance, repairs and cleanliness and the record keeping associated with the transportation costs. The employee must have a valid State Driver License with a clean driving record, and pass a substance abuse screening test.

Section I. Operations Budget for Renewal Projects

Please complete the chart on the following page. Only operating expenses for which a cash payment will be required for this project may be entered. Do not include the value of non-cash contributions, such as donated supplies. You may reproduce the chart, if needed.

Please note that this is a new section. It includes instructions and a chart to be completed for the renewal of operations for existing projects. The information will be used to replace a portion of the Technical Submission for projects that are selected in this year's competition.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, in cases of shared utilities, SHP operating funds may only pay for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

EXAMPLE:

Operating Expense	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
Furnishings 10 – single beds @ \$150 = \$1,500 10 – nightstands @ \$60 = \$600 10 – 3-drawer dressers @\$300 = \$3,000 10 - bed linens/blanket/pillows @\$150 = \$1,500	\$2,200	\$2,200	\$2,200	\$6,600

Please note that percentages are used during the application process to project the estimated staff time associated with SHP funded position(s). Applicants are reminded that all staff salary payments must be based on **actual, incurred costs** that are supported by signed and dated timesheets.

SHP operating funds may not be used to pay for the following costs:

- Operating costs of a supportive services only facility;
- Administrative expenses such as audits and preparing HUD reports;
- Rent of space for supportive housing and/or supportive services (see Real Property Leasing);
- The payment of principal and interest on a loan on a facility not currently being used as supportive housing and/or for the delivery of services; and
- Depreciation because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project in Years 1, 2 and 3. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. However, if there is more than one year in your grant term, a selectee will need only to certify that cash resources will be provided in Year 2 and Year 3.

Please note that the match requirement for Year 2 and Year 3 must be met by the end of each of those years.

Operating Costs Chart – Renewal Projects

Identify the day-to-day costs of operating supportive housing. In the Year 1 column, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term. For Line 11, total the amount of funds needed for each year and on Line 12, enter the SHP request for each year.

Operating Expense	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair				
2. Staff (position, salary, % time, fringe benefits)				
3. Utilities				
4. Equipment (lease/buy)				
5. Supplies (quantity)				
6. Insurance				
7. Furnishings (quantity)				
8. Relocation (no. of persons)				
9. Food (perishable/non-perishable, quantity)				
10. Other Operating Costs* (amounts/ quantities)				
11. Total Operating Budget **				
12. SHP REQUEST***				
13. Selectee's Match (Line 11 minus line 12)				

**If not specified, the costs will be removed from the budget.*

***The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget portion of Section L.*

****The SHP request for Years 1, 2, and 3 cannot be more than 75% of the total operating budget for those years.*

Job Descriptions

Attach to this section narrative statement(s) indicating the job title for each position of your renewal project to be funded using SHP operating funds. Describe the job responsibilities as they relate to the SHP project for each position.

For Example:

Housing Maintenance Worker – part-time position for 20 hours per week. Employee will be responsible for completing routine, minor repairs and maintenance work associated with the needs of the day-to-day operation of the housing facility. Employee may periodically use agency vehicles to pick up or deliver materials needed for the

facility's operations. Employee must have carpentry and plumbing skills and a valid State Driver License with a clean driving record, and pass a substance abuse screening test.

Section J. Leasing [For new and renewal projects]

SHP funds may be used to lease space for supportive housing or supportive services. If you are requesting SHP leasing funds, fill out the appropriate tables that follow. Housing and service space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide, supportive housing and/or supportive services. **Under no circumstances may SHP leasing funds be used to lease units or structures owned by the project sponsor, the selectee, or their parent organizations. This includes organizations which are members of a general partnership where the general partnership owns the structure.**

A. Leased Unit(s) for Housing and/or Services

If you propose to lease units in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Exhibit as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on October 1, 2001. (FMRs may be found using this WEB site: <http://www.huduser.org/datasets/fmr.html>) The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units by the FMR or actual rent, whichever is lower, by the length of the grant (# of units x FMR or actual rent x months based on grant term) and enter the result in the total column.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

If your project has been approved for **exception rents**, use those amounts when completing these charts and **submit your approval letter** with this document.

Chart A should be filled out only if you will lease individual units or structures that are currently configured for housing and/or services and, therefore, an FMR or actual rent can be used. ***If you have negotiated an actual rent (s) which is lower than the FMR, please use that amount instead of the FMR. The actual rent may not exceed the FMR.***

Chart A:

Name of metropolitan or non-metropolitan FMR area:

Address (indicate if scattered site):

Size of units	No. of units	FMR or actual rent	No. of months	Total (d)
1. SRO	x			
2. 0 bdrm	x			
3. 1 bdrm	x			

4. 2 bdrm	x			
5. 3 bdrm	x			
6. 4 bdrm	x			
7. 5 bdrm	x			
8. 6 bdrm	x			
9. Other	x			
10. Totals				\$

B. Leased Structure(s) for Housing and/or Services

If you will lease a structure or portion of a structure for housing and/or services, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. This applies to structures already configured for housing and for those that will be converted. **If your project has more than one structure, reproduce Chart B and fill it out starting with structure 2.**

Multiply the monthly leasing costs by the number of months requested for funding and enter the result in the total column.

Chart B should be filled out only if you will lease a structure or portion of a structure for which an FMR is **not** applicable.

Chart B:

Structure 1	Monthly Leasing Cost	Number of Months	Total
	\$ x	=	\$

Address:

Section K. Homeless Veterans

1. Are veterans among the homeless subpopulations your project will specifically target and intends to serve?

Yes

No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

Yes

No

Section L. Budget

Section L consists of two budgets—a project budget and a structure budget. Please refer to the budgets for specific instructions. **The project budget is for both new and renewal projects. The structure budget should be filled out by new applicants only.**

When developing your budget(s), please keep in mind that each structure can receive the maximum amount of funds according to the following per-structure limits:

For acquisition and/or rehabilitation, the SHP request for these activities **combined** is limited by law to between \$200,000 and \$400,000 depending on whether the structure is in a HUD-identified high-cost area for acquisition and rehabilitation. Contact your local HUD Field Office to determine if your project is in a high-cost area, and, if so, which of the following percentages or limits apply:

- 100% to 119%, the limit is \$200,000
- 120% to 139%, the limit is \$250,000
- 140% to 159%, the limit is \$300,000
- 160% to 174%, the limit is \$350,000
- 175% and up, the limit is \$400,000

For new construction, the SHP request is limited by law to \$400,000 per structure, regardless of where the structure is located. If you propose to acquire land in tandem with new construction, the \$400,000 limit applies to both activities combined.

Please note that you can apply for funding to construct and/or operate supportive housing; however, by law you cannot request either of these activities for supportive services only projects.

If you request funds for acquisition, rehabilitation, or new construction, the law requires that you **match** the requested amount with an equal amount of cash for the activities. Documentation of matching funds is not required in this application; however, you will be asked to submit it at a later date.

Project Budget (complete all 3 columns)

Enter the amount of SHP funds requested by line item in the "SHP Request" column. You may request funding for either one, two, or three years. **If the grant term is not provided, HUD will consider that the project has a three (3) year grant term.** The term you select must be the same for leasing, supportive services, and operations. *In the "Applicant Cash" column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the "Total Budget" amount for the project, as shown in the last column. Note that match requirements for supportive services and operating costs apply to both new and renewal projects.*

If your project contains one structure or no structures or is a renewal, this is the only budget you need to fill out. If your project is **new** and contains multiple structures, please add up the SHP structure budgets *on the next page* and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

Part I. Indicate grant term. Please circle one: 1 2 3 year(s)

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 through 3)	*		
5. Real Property Leasing (up to three years)			
6. Supportive Services (up to three years)	**		
7. Operations (up to three years)	***		
8. SHP Request (subtotal lines 4 through 7)			
9. Administrative Costs (up to 5% of line 8)	****		
10. Total SHP Request (total lines 8 and 9)	*****		

* By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.

** By law, SHP funds can be no more than 80% of the **total** supportive services budget.

*** By law, SHP can pay no more than 75% of the **total** operating budget.

**** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering

the grant. **State and local government applicants** and project sponsors **must** work together to determine the

plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to Section IV (C) (3) of the NOFA. If selected for funding, all applicants **will be required** to submit a plan for distributing administrative funds as part of the technical submission.

***** **In the case of renewal requests, renewal project budgets should be based upon the average of the term activities of the previous grant award.**

NOTE: The total SHP Request on line 10 cannot exceed the dollar amount on the Priority Chart for the project.

Structure Budget for Projects With More Than One Structure

If your project is a renewal, do not fill out the structure budget(s).

If your project contains only one structure or no structures, please fill out **only** the project budget *on the previous page*. If, however, your project contains more than one structure, fill out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amounts you enter should be for **up to three years**, which is the SHP grant term. You may request funding for either one, two or three years. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request **plus** all other funds needed to pay for each line item, again, for **up to three years**. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

Structure A

Structure B

Structure Address:

Structure Address:

City, State, Zip:

City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

Structure C

Structure D

Structure Address:

Structure Address:

City, State, Zip:

City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

Section M. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

Severely Mentally Ill

Chronic Substance Abusers

Dually Diagnosed

AIDS or Related Diseases

Victims of Domestic Violence

Youth

Women with Children

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

Yes

No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as “primarily religious” for purposes of applying HUD’s church/state limitations. For example, while the YMCA is often not considered “primarily religious” under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes

No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes

No

If “yes,” please provide the name of the military installation: _____

Definitions for Supportive Services In HUD's Homeless Assistance Programs

Applicants are advised that the supportive services proposed to be provided must be appropriate to the design of their project and the needs of participants. In addition, no SHP funds may be used to replace state or local funds previously used, or designated for use, to assist homeless persons

Alcohol and Drug Abuse Services are those activities that are primarily designed to prevent, deter, reduce, or eliminate substance abuse or addictive behaviors. Treatment services may include intake and assessment; treatment matching and planning; behavioral therapy and counseling appropriate to the client and the severity of the problem; substance abuse toxicology and screening; clinical and case management; outcome evaluation; and self-help and peer support activities.

Case Management Services are services or activities for the arrangement, coordination, monitoring, and delivery of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling Services (See Mental Health and Counseling Services)

Child Care Services for children (including infants, pre-schoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, and plan development.

Education and Instructional Services are those training services provided to improve knowledge, daily living skills, or social skills. Services may include instruction or training in (but not limited to) such issues as consumer education, health education, education to prevent substance abuse, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

Employment Services are those services or activities provided to assist individuals in securing employment; acquiring or learning skills that promote opportunities for employment, advancement, and increased earning potential; and in retaining a job. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling or job coaching; transportation; and referral to community resources.

Health Related and Home Health Services are those in-home or out-of-home services or activities that provide direct treatments or are designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; providing directly or assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; provision of appropriate medication; and providing follow-up services as needed.

HIV/AIDS Services include HIV/AIDS primary and secondary prevention services, HIV/AIDS counseling and testing, primary care, provision of HIV/AIDS anti-retroviral and other medications, rehabilitative, and supportive services for persons affected and infected with HIV.

Housing Services are those services or activities designed to assist individuals or families in locating and obtaining suitable housing. Component services or activities may include tenant counseling; assisting individuals and families to understand leases, secure utilities, make moving arrangements; representative payee services concerning rent and utilities; and mediation services related to neighbor/landlord problems that may arise.

Information and Referral Services are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

Legal Services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

Life Skills training provides critical life management skills that may never have been learned or have been lost during the course of mental illness, substance use, and homelessness. They are targeted to assist the individual to function independently in the community. Component life skills training includes the budgeting of resources and money management, household management, conflict management, shopping for food and needed items, nutrition, the use of public transportation, and parent training.

Mental Health and Counseling Services are those services and activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Component services may include crisis interventions; individual, family or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

Outreach Services include extending services or assistance in order to provide basic materials, such as meals, blankets, or clothes, to homeless persons; or to publicize the availability of shelters and programs to make homeless persons aware of various services and programs.

Transitional Living Services are those services and activities designed to help make the transition from homelessness to stable housing. Component services or activities may include supervised practice living, budgeting, one-time payments associated with establishing tenancy, food planning and preparation, and post-foster care services for homeless persons.

Transportation Services are those services or activities that provide and arrange for the travel, including travel costs, of individuals in order to access treatment, medical care, services, or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

Other Services are services that are appropriate, and do not fall within the definitions of the preceding services. If this category is used, the services should be defined.

Exhibit 2 - SHP Application Checklist – Did you do the following?
(Please do not submit with your application)

	Did you complete the correct charts for your project (new or renewal)?
	Did you respond to all relevant items under Section A. Project Narrative?
	Is Section C. Project Information completely filled out?
	Did you include the correct renewal grant number in Section D?
	Is the renewal project eligible in this competition? Does it expire in 2003?
	If the project is a renewal, did you attach the appropriate pages from the APR, as indicated in Section B?
	Did you check the appropriate program component?
	Did you fill out Chart 2, Participants for section F?
	Did you circle the grant term for your project?
	Is your budget total equal to the amount on the Continuum's Priority List?
	Did you place the appropriate cash match requirement in the applicant cash column for your proposed activities?
	Did you assemble your application, including certifications, in accordance with the instructions on page iii of the 2002 application?

